FOR OHF USE

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2003
STATE OF ILLINOIS
DEPARTMENT OF PUBLIC AID
FINANCIAL AND STATISTICAL REPORT FOR LONG-TERM CARE FACILITIES
(FISCAL YEAR 2003)

IMPORTANT NOTICE
THIS AGENCY IS REQUESTING DISCLOSURE OF INFORMATION THAT IS NECESSARY TO ACCOMPLISH THE STATUTORY PURPOSE AS OUTLINED IN 210 ILCS 45/3-208. DISCLOSURE OF THIS INFORMATION IS MANDATORY. FAILURE TO PROVIDE ANY INFORMATION ON OR BEFORE THE DUE DATE WILL RESULT IN CESSATION OF PROGRAM PAYMENTS. THIS FORM HAS BEEN APPROVED BY THE FORMS MANAGEMENT CENTER.

I. IDPH Facility ID Number: 0017319

Facility Name: ALDEN LAKELAND REHAB & HCC

Address: 820 W. LAWRENCE AVE. (Number) CHICAGO (City) 60640 (Zip Code)

County: COOK

Telephone Number: (773) 286-3883 **Fax #** (773) 286-3743

IDPA ID Number: 36-2687662

Date of Initial License for Current Owners: 01/01/72

Type of Ownership:

	VOLUNTARY,NON-PROFIT	X	PROPRIETARY		GOVERNMENTAL
	Charitable Corp.		Individual		State
	Trust		Partnership		County
IRS Exemption Code		X	Corporation		Other
			"Sub-S" Corp.		
			Limited Liability Co.		
			Trust		
			Other		

In the event there are further questions about this report, please contact:
Name: STEVEN M. KROLL **Telephone Number:** (773) 286-3883

II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER

I have examined the contents of the accompanying report to the State of Illinois, for the period from 01/01/2003 to 12/31/2003 and certify to the best of my knowledge and belief that the said contents are true, accurate and complete statements in accordance with applicable instructions. Declaration of preparer (other than provider) is based on all information of which preparer has any knowledge.

Intentional misrepresentation or falsification of any information in this cost report may be punishable by fine and/or imprisonment.

Officer or Administrator of Provider

(Signed) _____ (Date)

(Type or Print Name) STEVEN M. KROLL

(Title) Chief Financial Officer

Paid Preparer

(Signed) _____ (Date)

(Print Name and Title)

(Firm Name & Address)

(Telephone) ( ) Fax # ( )

MAIL TO: OFFICE OF HEALTH FINANCE
ILLINOIS DEPARTMENT OF PUBLIC AID
201 S. Grand Avenue East
Springfield, IL 62763-0001 Phone # (217) 782-1630

Facility Name & ID Number ALDEN LAKELAND REHAB & HCC # 0017319 Report Period Beginning: 01/01/2003 Ending: 12/31/2003

III. STATISTICAL DATA

A. Licensure/certification level(s) of care; enter number of beds/bed days, (must agree with license). Date of change in licensed beds _____

	1 Beds at Beginning of Report Period	2 Licensure Level of Care	3 Beds at End of Report Period	4 Licensed Bed Days During Report Period	
1	300	Skilled (SNF)	300	109,500	1
2		Skilled Pediatric (SNF/PED)			2
3		Intermediate (ICF)			3
4		Intermediate/DD			4
5		Sheltered Care (SC)			5
6		ICF/DD 16 or Less			6
7	300	TOTALS	300	109,500	7

B. Census-For the entire report period.

	1 Level of Care	2 Patient Days by Level of Care and Primary Source of Payment: Public Aid Recipient	3 Private Pay	4 Other	5 Total	
8	SNF	20,551	1,719	6,240	28,510	8
9	SNF/PED			0		9
10	ICF	42,883	636	34	43,553	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	63,434	2,355	6,274	72,063	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 65.81%

D. How many bed-hold days during this year were paid by Public Aid?
0 (Do not include bed-hold days in Section B.)

E. List all services provided by your facility for non-patients.
(E.g., day care, "meals on wheels", outpatient therapy)
n/a

F. Does the facility maintain a daily midnight census? yes

G. Do pages 3 & 4 include expenses for services or investments not directly related to patient care?
YES [ ] NO [x]

H. Does the BALANCE SHEET (page 17) reflect any non-care assets?
YES [ ] NO [x]

I. On what date did you start providing long term care at this location?
Date started 1/1/72

J. Was the facility purchased or leased after January 1, 1978?
YES [ ] Date _____ NO [x]

K. Was the facility certified for Medicare during the reporting year?
YES [x] NO [ ] If YES, enter number of beds certified 120 and days of care provided 6,014

Medicare Intermediary AdminiStar Federal

IV. ACCOUNTING BASIS

ACCRUAL [x] MODIFIED CASH* [ ] CASH* [ ]

Is your fiscal year identical to your tax year? YES [x] NO [ ]

Tax Year: 12/31/03 Fiscal Year: 12/31/03

* All facilities other than governmental must report on the accrual basis.

Facility Name & ID Number ALDEN LAKELAND REHAB & HCC # 0017319 Report Period Beginning: 01/01/2003 Ending: 12/31/2003

V. COST CENTER EXPENSES (throughout the report, please round to the nearest dollar)

	Operating Expenses	Costs Per General Ledger Salary/Wage 1	Supplies 2	Other 3	Total 4	Reclass-ification 5	Reclassified Total 6	Adjust-ments 7	Adjusted Total 8	FOR OHF USE ONLY 9	10	
	A. General Services											
1	Dietary	284,491	31,901	6,600	322,992	381	323,373		323,373			1
2	Food Purchase		533,857		533,857	(26,502)	507,355	(99,723)	407,632			2
3	Housekeeping	255,750	42,952		298,702	438	299,140		299,140			3
4	Laundry	78,051	27,756		105,807	115	105,922		105,922			4
5	Heat and Other Utilities			283,634	283,634		283,634	(642)	282,992			5
6	Maintenance	27,610		137,186	164,796		164,796	12,684	177,480			6
7	Other (specify):*	38,861			38,861		38,861		38,861			7
8	**TOTAL General Services**	684,763	636,466	427,420	1,748,649	(25,568)	1,723,081	(87,681)	1,635,400			8
	B. Health Care and Programs											
9	Medical Director			40,000	40,000		40,000		40,000			9
10	Nursing and Medical Records	2,331,318	416,644	7,200	2,755,162	2,465	2,757,627	(129,115)	2,628,512			10
10a	Therapy	31,761			31,761		31,761		31,761			10a
11	Activities	111,112	3,019	3,288	117,419	110	117,529		117,529			11
12	Social Services	46,846			46,846		46,846		46,846			12
13	Nurse Aide Training											13
14	Program Transportation											14
15	Other (specify):*											15
16	**TOTAL Health Care and Programs**	2,521,037	419,663	50,488	2,991,188	2,575	2,993,763	(129,115)	2,864,648			16
	C. General Administration											
17	Administrative	202,603			202,603		202,603		202,603			17
18	Directors Fees											18
19	Professional Services			948,176	948,176	(25,000)	923,176	(868,415)	54,761			19
20	Dues, Fees, Subscriptions & Promotions			53,493	53,493		53,493	(42,788)	10,705			20
21	Clerical & General Office Expenses	490,858	14,913	105,981	611,752	252	612,004	57,615	669,619			21
22	Employee Benefits & Payroll Taxes			650,099	650,099	22,741	672,840	71,166	744,006			22
23	Inservice Training & Education											23
24	Travel and Seminar			2,157	2,157		2,157	15,020	17,177			24
25	Other Admin. Staff Transportation											25
26	Insurance-Prop.Liab.Malpractice			193,625	193,625		193,625	15,587	209,212			26
27	Other (specify):* **bad debts**			(6,430)	(6,430)		(6,430)	6,430				27
28	**TOTAL General Administration**	693,461	14,913	1,947,101	2,655,475	(2,007)	2,653,468	(745,385)	1,908,083			28
29	**TOTAL Operating Expense (sum of lines 8, 16 & 28)**	3,899,261	1,071,042	2,425,009	7,395,312	(25,000)	7,370,312	(962,181)	6,408,131			29

***Attach a schedule if more than one type of cost is included on this line, or if the total exceeds $1000.**

NOTE: Include a separate schedule detailing the reclassifications made in column 5. Be sure to include a detailed explanation of each reclassification.

Facility Name & ID Number ALDEN LAKELAND REHAB & HCC #0017319 Report Period Beginning: 01/01/2003 Ending: 12/31/2003

V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger				Reclass-ification	Reclassified Total	Adjust-ments	Adjusted Total	FOR OHF USE ONLY		
		Salary/Wage 1	Supplies 2	Other 3	Total 4	5	6	7	8	9	10	
	D. Ownership											
30	Depreciation			124,737	124,737		124,737	473,404	598,141			30
31	Amortization of Pre-Op. & Org.							3,922	3,922			31
32	Interest			387,859	387,859		387,859	418,567	806,426			32
33	Real Estate Taxes					25,000	25,000	411,861	436,861			33
34	Rent-Facility & Grounds			1,384,602	1,384,602		1,384,602	(1,384,602)				34
35	Rent-Equipment & Vehicles			14,560	14,560		14,560	27,985	42,545			35
36	Other (specify):* mort insurance							65,084	65,084			36
37	**TOTAL Ownership**			1,911,758	1,911,758	25,000	1,936,758	16,221	1,952,979			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers	1,119,611	617,143	1,128,068	2,864,822		2,864,822	(106,318)	2,758,504			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			164,250	164,250		164,250		164,250			42
43	Other (specify):*											43
44	**TOTAL Special Cost Centers**	1,119,611	617,143	1,292,318	3,029,072		3,029,072	(106,318)	2,922,754			44
45	**GRAND TOTAL COST (sum of lines 29, 37 & 44)**	5,018,872	1,688,185	5,629,085	12,336,142		12,336,142	(1,052,278)	11,283,864			45

***Attach a schedule if more than one type of cost is included on this line, or if the total exceeds $1000.**

Facility Name & ID Number ALDEN LAKELAND REHAB & HCC # 0017319 Report Period Beginning: 01/01/2003 Ending: 12/31/2003

VI. ADJUSTMENT DETAIL

A. The expenses indicated below are non-allowable and should be adjusted out of Schedule V, pages 3 or 4 via column 7. In column 2 below, reference the line on which the particular cost was included. (See instructions.)

	NON-ALLOWABLE EXPENSES	1 Amount	2 Reference	3 OHF USE ONLY	
1	Day Care	$		$	1
2	Other Care for Outpatients				2
3	Governmental Sponsored Special Programs				3
4	Non-Patient Meals				4
5	Telephone, TV & Radio in Resident Rooms				5
6	Rented Facility Space				6
7	Sale of Supplies to Non-Patients				7
8	Laundry for Non-Patients				8
9	Non-Straightline Depreciation	87,490	30		9
10	Interest and Other Investment Income	(17)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(1,514)	2		13
14	Non-Care Related Interest				14
15	Non-Care Related Owner's Transactions				15
16	Personal Expenses (Including Transportation)				16
17	Non-Care Related Fees	(41,875)	21		17
18	Fines and Penalties	(6,040)	32		18
19	Entertainment				19
20	Contributions	(3,233)	20		20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers	(11,876)	19		22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	6,430	27		24
25	Fund Raising, Advertising and Promotional	(36,654)	20		25
26	Income Taxes and Illinois Personal Property Replacement Tax				26
27	Nurse Aide Training for Non-Employees				27
28	Yellow Page Advertising				28
29	Other-Attach Schedule Marketing Manager				29
30	**SUBTOTAL (A): (Sum of lines 1-29)**	$ (7,289)		$	30

OHF USE ONLY								
48		49		50		51		52	

B. If there are expenses experienced by the facility which do not appear in the general ledger, they should be entered below.(See instructions.)

		1 Amount	2 Reference	
31	Non-Paid Workers-Attach Schedule*	$		31
32	Donated Goods-Attach Schedule*			32
33	Amortization of Organization & Pre-Operating Expense			33
34	Adjustments for Related Organization Costs (Schedule VII)	(660,465)		34
35	Other- Attach Schedule **see pg 5A**	(384,524)		35
36	**SUBTOTAL (B): (sum of lines 31-35)**	$ (1,044,989)		36
37	**TOTAL ADJUSTMENTS (sum of SUBTOTALS (A) and (B))**	$ (1,052,278)		37

***These costs are only allowable if they are necessary to meet minimum licensing standards. Attach a schedule detailing the items included on these lines.**

C. Are the following expenses included in Sections A to D of pages 3 and 4? If so, they should be reclassified into Section E. Please reference the line on which they appear before reclassification. (See instructions.)

		1 Yes	2 No	3 Amount	4 Reference	
38	Medically Necessary Transport.		x	$		38
39			x			39
40	Gift and Coffee Shops		x			40
41	Barber and Beauty Shops		x			41
42	Laboratory and Radiology		x			42
43	Prescription Drugs		x			43
44	Exceptional Care Program		x			44
45	Other-Attach Schedule		x			45
46	Other-Attach Schedule		x			46
47	**TOTAL (C): (sum of lines 38-46)**			$		47

STATE OF ILLINOIS

ALDEN LAKELAND REHAB & HCC

ID# 0017319

Report Period Beginning: 01/01/2003

Ending: 12/31/2003

	NON-ALLOWABLE EXPENSES	Amount	Sch. V Line Reference	
1	late fees on utilities	$ (5,117)	5	1
2				2
3	interco int (Fas part) in gl 7031(non-T.Syst)	(367,823)	32	3
4	insurance claim refund in 4977(travel indemnity)	(1,500)	6	4
5	gain on asset sale gl4983-4985	(163)	21	5
6	other receipts g & a (in gl 4977)	(299)	21	6
7	back out 30.13% of pac portion of IHCA	(3,579)	20	7
8	delete prior years over-depreciation(supreme sheet metal	(1,897)	30	8
9	back out prior year postage meter rental credit	300	35	9
10	Record addt'l def. Maint. Exp on painting (final yr)	1,189	6	10
11	Back out marketing manager cost	(13,535)	21	11
12	back out prior yr cr adj in 7143 for hvac/misc repairs	9,912	6	12
13	Reclass maint credit from line 21 to line 6 (vend sett)	(9,912)	6	13
14	Reclass maint credit from line 21 to line 6 (vend sett)	9,912	21	14
15	Marketing Employment benefits deduction	(2,012)	22	15
16				16
17				17
18				18
19				19
20				20
21				21
22				22
23				23
24				24
25				25
26				26
27				27
28				28
29				29
30				30
31				31
32				32
33				33
34				34
35				35
36				36
37				37
38				38
39				39
40				40
41				41
42				42
43				43
44				44
45				45
46				46
47				47
48				48
49	**Total**	(384,524)		49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number ALDEN LAKELAND REHAB & HCC # 0017319 **Report Period Beginning:** 01/01/2003 **Ending:** 12/31/2003

SUMMARY OF PAGES 5, 5A, 6, 6A, 6B, 6C, 6D, 6E, 6F, 6G, 6H AND 6I

	Operating Expenses	PAGES	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	SUMMARY TOTALS	
	A. General Services	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	(to Sch V, col.7)	
1	Dietary	0	0	0	0	0	0	0	0	0	0	0	0	1
2	Food Purchase	(1,514)	0	0	(98,209)	0	0	0	0	0	0	0	(99,723)	2
3	Housekeeping	0	0	0	0	0	0	0	0	0	0	0	0	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	(5,117)	0	4,475	0	0	0	0	0	0	0	0	(642)	5
6	Maintenance	(311)	0	14,532	0	0	0	(52)	(1,485)	0	0	0	12,684	6
7	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	7
8	**TOTAL General Services**	(6,942)	0	19,007	(98,209)	0	0	(52)	(1,485)	0	0	0	(87,681)	8
	B. Health Care and Programs													
9	Medical Director	0	0	0	0	0	0	0	0	0	0	0	0	9
10	Nursing and Medical Records	0	0	0	(127,888)	(1,227)	0	0	0	0	0	0	(129,115)	10
10a	Therapy	0	0	0	0	0	0	0	0	0	0	0	0	10a
11	Activities	0	0	0	0	0	0	0	0	0	0	0	0	11
12	Social Services	0	0	0	0	0	0	0	0	0	0	0	0	12
13	Nurse Aide Training	0	0	0	0	0	0	0	0	0	0	0	0	13
14	Program Transportation	0	0	0	0	0	0	0	0	0	0	0	0	14
15	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	15
16	**TOTAL Health Care and Programs**	0	0	0	(127,888)	(1,227)	0	0	0	0	0	0	(129,115)	16
	C. General Administration													
17	Administrative	0	0	0	0	0	0	0	0	0	0	0	0	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	(11,876)	6,800	(863,339)	0	0	0	0	0	0	0	0	(868,415)	19
20	Fees, Subscriptions & Promotions	(43,466)	0	678	0	0	0	0	0	0	0	0	(42,788)	20
21	Clerical & General Office Expenses	(45,960)	700	39,894	54,876	8,105	0	0	0	0	0	0	57,615	21
22	Employee Benefits & Payroll Taxes	(2,012)	0	71,331	0	1,847	0	0	0	0	0	0	71,166	22
23	Inservice Training & Education	0	0	0	0	0	0	0	0	0	0	0	0	23
24	Travel and Seminar	0	0	15,020	0	0	0	0	0	0	0	0	15,020	24
25	Other Admin. Staff Transportation	0	0	0	0	0	0	0	0	0	0	0	0	25
26	Insurance-Prop.Liab.Malpractice	0	15,239	348	0	0	0	0	0	0	0	0	15,587	26
27	Other (specify):*	6,430	0	0	0	0	0	0	0	0	0	0	6,430	27
28	**TOTAL General Administration**	(96,884)	22,739	(736,068)	54,876	9,952	0	0	0	0	0	0	(745,385)	28
29	**TOTAL Operating Expense (sum of lines 8,16 & 28)**	(103,826)	22,739	(717,061)	(171,221)	8,725	0	(52)	(1,485)	0	0	0	(962,181)	29

STATE OF ILLINOIS

Summary B

Facility Name & ID Number ALDEN LAKELAND REHAB & HCC # 0017319 **Report Period Beginning:** 01/01/2003 **Ending:** 12/31/2003

SUMMARY OF PAGES 5, 5A, 6, 6A, 6B, 6C, 6D, 6E, 6F, 6G, 6H AND 6I

	Capital Expense	PAGES	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	SUMMARY TOTALS	
	D. Ownership	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	(to Sch V, col.7)	
30	Depreciation	85,593	375,406	10,584	0	1,821	0	0	0	0	0	0	473,404	30
31	Amortization of Pre-Op. & Org.	0	1,650	2,020	0	0	252	0	0	0	0	0	3,922	31
32	Interest	(373,880)	731,626	59,697	0	743	381	0	0	0	0	0	418,567	32
33	Real Estate Taxes	0	403,162	8,390	0	309	0	0	0	0	0	0	411,861	33
34	Rent-Facility & Grounds	0	(1,384,602)	0	0	0	0	0	0	0	0	0	(1,384,602)	34
35	Rent-Equipment & Vehicles	300	0	27,685	0	0	0	0	0	0	0	0	27,985	35
36	Other (specify):*	0	65,084	0	0	0	0	0	0	0	0	0	65,084	36
37	**TOTAL Ownership**	(287,987)	192,326	108,376	0	2,873	633	0	0	0	0	0	16,221	37
	Ancillary Expense													
	E. Special Cost Centers													
38	Medically Necessary Transportation	0	0	0	0	0	0	0	0	0	0	0	0	38
39	Ancillary Service Centers	0	0	0	(24,317)	(34,036)	(47,965)	0	0	0	0	0	(106,318)	39
40	Barber and Beauty Shops	0	0	0	0	0	0	0	0	0	0	0	0	40
41	Coffee and Gift Shops	0	0	0	0	0	0	0	0	0	0	0	0	41
42	Provider Participation Fee	0	0	0	0	0	0	0	0	0	0	0	0	42
43	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	43
44	**TOTAL Special Cost Centers**	0	0	0	(24,317)	(34,036)	(47,965)	0	0	0	0	0	(106,318)	44
45	**GRAND TOTAL COST (sum of lines 29, 37 & 44)**	(391,813)	215,065	(608,685)	(195,538)	(22,438)	(47,332)	(52)	(1,485)	0	0	0	(1,052,278)	45

Facility Name & ID Number ALDEN LAKELAND REHAB & HCC # 0017319 Report Period Beginning: 01/01/2003 Ending: 12/31/2003

VII. RELATED PARTIES

A. Enter below the names of ALL owners and related organizations (parties) as defined in the instructions. Attach an additional schedule if necessary.

1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES		
Name	Ownership %	Name	City	Name	City	Type of Business
Alden Management Serviceas,Inc.	100	See page 6k		see page 6k		

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. [X] YES [ ] NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1 Schedule V		2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
1	V	34	Rent Income	$ 1,384,602	Lawrence Avenue Building Limited Partnership		$	$ (1,384,602)	1
2	V	32	Investment-RR	299	Lawrence Avenue Building Limited Partnership			(299)	2
3	V	19	Accounting fees		Lawrence Avenue Building Limited Partnership		3,800	3,800	3
4	V	19	Misc. Admin. Expenses		Lawrence Avenue Building Limited Partnership		3,000	3,000	4
5	V	21	Bank Charges		Lawrence Avenue Building Limited Partnership		700	700	5
6	V	33	Real estate Tax Expense		Lawrence Avenue Building Limited Partnership		403,162	403,162	6
7	V	26	Property and liaility ins.		Lawrence Avenue Building Limited Partnership		15,239	15,239	7
8	V	36	Mortgage ins premium		Lawrence Avenue Building Limited Partnership		65,084	65,084	8
9	V	32	Interest on mortgage note		Lawrence Avenue Building Limited Partnership		731,925	731,925	9
10	V	30	Depreciation expense		Lawrence Avenue Building Limited Partnership		375,406	375,406	10
11	V	31	Amortization expense		Lawrence Avenue Building Limited Partnership		1,650	1,650	11
12	V				Lawrence Avenue Building Limited Partnership				12
13	V				Lawrence Avenue Building Limited Partnership				13
14	Total			$ 1,384,901			$ 1,599,966	$ * 215,065	14

* Total must agree with the amount recorded on line 34 of Schedule VI.

Facility Name & ID Number ALDEN LAKELAND REHAB & HCC # 0017319 Report Period Beginning: 01/01/2003 Ending: 12/31/2003

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. [x] YES [ ] NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1 Schedule V		2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
15	V	21	management fees	$	Alden Management Services, Inc.	100.00%	$	$	15
16	V	22	employee benefits		Alden Management Services, Inc.		71,331	71,331	16
17	V	19	professional fees	883,200	Alden Management Services, Inc.		19,861	(863,339)	17
18	V	21	gen'l & admin		Alden Management Services, Inc.		39,894	39,894	18
19	V	5	utilities		Alden Management Services, Inc.		4,475	4,475	19
20	V	6	maintenance		Alden Management Services, Inc.		14,532	14,532	20
21	V	24	travel & seminar		Alden Management Services, Inc.		15,020	15,020	21
22	V	26	insurance		Alden Management Services, Inc.		348	348	22
23	V	20	dues & subscriptions		Alden Management Services, Inc.		678	678	23
24	V	30	depreciation		Alden Management Services, Inc.		10,584	10,584	24
25	V	31	amortization		Alden Management Services, Inc.		2,020	2,020	25
26	V	33	real estate tax		Alden Management Services, Inc.		8,390	8,390	26
27	V	34	rent-facilities		Alden Management Services, Inc.				27
28	V	35	rent-equip & vehicles		Alden Management Services, Inc.		27,685	27,685	28
29	V	32	interest		Alden Management Services, Inc.		59,697	59,697	29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			$ 883,200			$ 274,515	$ * (608,685)	39

* Total must agree with the amount recorded on line 34 of Schedule VI.

Facility Name & ID Number ALDEN LAKELAND REHAB & HCC # 0017319 Report Period Beginning: 1/1/2003 Ending: 12/31/2003

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. [X] YES [ ] NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1 Schedule V		2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
15	V	2	tube-feeding	$ 204,078	Pyramid Health Care	100.00%	$ 105,869	$ (98,209)	15
16	V	10	nursing supplies	170,109	Pyramid Health Care		42,221	(127,888)	16
17	V	39	perdiems/other supplies	52,864	Pyramid Health Care		28,547	(24,317)	17
18	V	21	gen'l& admin		Pyramid Health Care		54,876	54,876	18
19	V								19
20	V								20
21	V								21
22	V								22
23	V								23
24	V								24
25	V								25
26	V								26
27	V								27
28	V								28
29	V								29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			$ 427,051			$ 231,513	$ * (195,538)	39

*** Total must agree with the amount recorded on line 34 of Schedule VI.**

Facility Name & ID Number ALDEN LAKELAND REHAB & HCC # 0017319 Report Period Beginning: 1/1/2003 Ending: 12/31/2003

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. [X] YES [ ] NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1 Schedule V		2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
15	V	39	drugs	$ 124,614	Forum Extended Care II	100.00%	$ 105,275	$ (19,339)	15
16	V	10	house stock	7,910	Forum Extended Care II		6,683	(1,227)	16
17	V	39	I.V.	94,706	Forum Extended Care II		80,009	(14,697)	17
18	V	22	employee benefitrs		Forum Extended Care II		1,847	1,847	18
19	V	21	gen'l & admin		Forum Extended Care II		8,105	8,105	19
20	V	32	interest		Forum Extended Care II		743	743	20
21	V	33	real estate tax		Forum Extended Care II		309	309	21
22	V	30	depreciation		Forum Extended Care II		1,821	1,821	22
23	V								23
24	V								24
25	V								25
26	V								26
27	V								27
28	V								28
29	V								29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			$ 227,230			$ 204,792	$ * (22,438)	39

*** Total must agree with the amount recorded on line 34 of Schedule VI.**

Facility Name & ID Number ALDEN LAKELAND REHAB & HCC # 0017319 Report Period Beginning: 1/1/2003 Ending: 12/31/2003

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. [X] YES [ ] NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

	1 Schedule V		2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
15	V		39	therapy	$ 1,116,460	Community Physical Therapy	100.00%	$ 1,068,495	$ (47,965)	15
16	V		32	interest		Community Physical Therapy		381	381	16
17	V		31	amortization		Community Physical Therapy		252	252	17
18	V									18
19	V									19
20	V									20
21	V									21
22	V									22
23	V									23
24	V									24
25	V									25
26	V									26
27	V									27
28	V									28
29	V									29
30	V									30
31	V									31
32	V									32
33	V									33
34	V									34
35	V									35
36	V									36
37	V									37
38	V									38
39	Total				$ 1,116,460			$ 1,069,128	$ * (47,332)	39

*** Total must agree with the amount recorded on line 34 of Schedule VI.**

Facility Name & ID Number ALDEN LAKELAND REHAB & HCC # 0017319 Report Period Beginning: 01/01/2003 Ending: 12/31/2003

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. [x] YES [ ] NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

	1 Schedule V		2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
15	V		6	repairs & maintenance	$ 16,119	Alden Bennett Construction		$ 16,067	$ (52)	15
16	V									16
17	V									17
18	V									18
19	V									19
20	V									20
21	V									21
22	V									22
23	V									23
24	V									24
25	V									25
26	V									26
27	V									27
28	V									28
29	V									29
30	V									30
31	V									31
32	V									32
33	V									33
34	V									34
35	V									35
36	V									36
37	V									37
38	V									38
39	Total				$ 16,119			$ 16,067	$ * (52)	39

*** Total must agree with the amount recorded on line 34 of Schedule VI.**

Facility Name & ID Number ALDEN LAKELAND REHAB & HCC # 0017319 Report Period Beginning: 01/01/2003 Ending: 12/31/2003

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. [x] YES [ ] NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1 Schedule V		2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
15	V	6	CARPET CLEANING	$ 18,590	ALDEN REALTY- CARPET CARE		$ 17,300	$ (1,290)	15
16	V	6	FLOOR CLEANING	3,430	ALDEN REALTY- FLOOR CARE		3,235	(195)	16
17	V								17
18	V								18
19	V								19
20	V								20
21	V								21
22	V								22
23	V								23
24	V								24
25	V								25
26	V								26
27	V								27
28	V								28
29	V								29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			$ 22,020			$ 20,535	$ * (1,485)	39

*** Total must agree with the amount recorded on line 34 of Schedule VI.**

Facility Name & ID Number ALDEN NURSING CENTER - LAKELAND # 001-7319 Report Period Beginning 01/01/03 Ending: 12/31/03

RELATED NURSING HOMES	
Name	City
Note: ANC = Alden Nursing Center	
ANC Waterford	Aurora
ANC Long Grove	Long Grove
ANC Heather	Harvey
ANC Lincoln Park	Chicago
ANC Northmoor	Chicago
ANC Town Manor	Chicago
ANC Terrace of McHenry	McHenry
ANC Morrow	Chicago
ANC Wentworth	Chicago
ANC Naperville	Naperville
ANC Valley Ridge	Bloomingdale
ANC Village for Children & Young Adults	Bloomingdale
ANC Orland Park	Orland Park
ANC Princeton	Chicago
Alden of Old Town East	Bloomingdale
Alden of Old Town West	Bloomingdale
Alden Trails	Bloomingdale
Alden Northshore	Skokie
ANC Des Plaines	Des Plaines
ANC Des Plaines II	Des Plaines
ANC Alma Nelson	Rockford
ANC Park Stratmoor	Rockford
ANC Meadow Park	Rockford
ANC Poplar Creek	Hoffman Estates
ANC Governors Park	Barrington

OTHER RELATED BUSINESS ENTITIES		
Name	City	Type of Business
The Forum Prof. Center	Chicago	Office rental
Pyramid Health Care	Chicago	Nursing supplies
Forum Extended Care II	Chicago	Pharmacy
Alden Management	Chicago	Management
Alden Estates of Evanston	Evanston	Assisted living
Community Physical Therapy	Wood Dale	Therapy provider
Courts of Waterford	Aurora	Alzheimers unit
Gardens of Waterford	Aurora	Assisted living

Facility Name & ID Number ALDEN LAKELAND REHAB & HCC # 0017319 Report Period Beginning: 01/01/2003 Ending: 12/31/2003

VII. RELATED PARTIES (continued)

C. Statement of Compensation and Other Payments to Owners, Relatives and Members of Board of Directors.

NOTE: ALL owners (even those with less than 5% ownership) and their relatives who receive any type of compensation from this home must be listed on this schedule.

	1	2	3	4	5	6		7		8	
						Average Hours Per Work Week Devoted to this Facility and % of Total Work Week		Compensation Included in Costs for this Reporting Period**			
	Name	Title	Function	Ownership Interest	Compensation Received From Other Nursing Homes*	Hours	Percent	Description	Amount	Schedule V. Line & Column Reference	
1	President	President	Chief Executive	100.00	323,291	2.684	6.71	salary	$ 23,260	17-1	1
2	Nurse coordinator	Nurse coordinator	nursing admin.	0.00	81,222	2.684	6.71	salary	5,844	10-1	2
3	Maint. Supervisor	Maint. Supervisor	construct/mainten	0.00	78,543	2.684	6.71	salary	5,651	6-1	3
4											4
5											5
6											6
7	a. Floyd Schlossberg is the President and sole stockholder of Alden Management Services, Inc.										7
8	b. Lauren Magnusson is the daughter of Floyd Schlossberg. Lauren is a nurse coordinator.										8
9	c. Terry Magnusson is the son-in-law of Floyd Schlossberg. Terry is in maintenance and construction.										9
10											10
11											11
12											12
13								TOTAL	$ 34,755		13

* If the owner(s) of this facility or any other related parties listed above have received compensation from other nursing homes, attach a schedule detailing the name(s) of the home(s) as well as the amount paid. THIS AMOUNT MUST AGREE TO THE AMOUNTS CLAIMED ON THE THE OTHER NURSING HOMES' COST REPORTS.

** This must include all forms of compensation paid by related entities and allocated to Schedule V of this report (i.e., management fees). FAILURE TO PROPERLY COMPLETE THIS SCHEDULE INDICATING ALL FORMS OF COMPENSATION RECEIVED FROM THIS HOME, ALL OTHER NURSING HOMES AND MANAGEMENT COMPANIES MAY RESULT IN THE DISALLOWANCE OF SUCH COMPENSATION

Facility Name & ID Number ALDEN LAKELAND REHAB & HCC # 0017319 Report Period Beginning: 01/01/2003 Ending: 2/31/2003

VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES [x] NO [ ]

B. Show the allocation of costs below. If necessary, please attach worksheets.

Name of Related Organization: Alden Management Services, Inc
Street Address: 4200 W. Peterson
City / State / Zip Code: Chicago, IL 60646
Phone Number: (773-286-3883
Fax Number: (773-286-2689

	1 Schedule V Line Reference	2 Item	3 Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	4 Total Units	5 Number of Subunits Being Allocated Among	6 Total Indirect Cost Being Allocated	7 Amount of Salary Cost Contained in Column 6	8 Facility Units	9 Allocation (col.8/col.4)x col.6	
1		See page 8A…				$	$		$	1
2										2
3										3
4										4
5										5
6										6
7										7
8										8
9										9
10										10
11										11
12										12
13										13
14										14
15										15
16										16
17										17
18										18
19										19
20										20
21										21
22										22
23										23
24										24
25	TOTALS					$	$		$	25

Facility Name & ID Number ALDEN LAKELAND REHAB & HCC # 0017319 Report Period Beginning: 01/01/2003 Ending: 12/31/2003

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE

A. Interest: (Complete details must be provided for each loan - attach a separate schedule if necessary.)

	1	2		3	4	5	6	7	8	9	10	
	Name of Lender	Related** YES	Related** NO	Purpose of Loan	Monthly Payment Required	Date of Note	Amount of Note Original	Amount of Note Balance	Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense	
	A. Directly Facility Related Long-Term											
1	Cambridge		x	mortgage	$67,071.69	8/27/02	$ 11,977,000	$ 11,886,978	8/26/42	6.1400	$ 731,925	1
2												2
3												3
4												4
5												5
	Working Capital											
6	related party-ams& other	x		working capital							73,693	6
7	related party-cpt	x		working capital							381	7
8	related party-fecII	x		working capital							743	8
9	TOTAL Facility Related				$67,071.69		$ 11,977,000	$ 11,886,978			$ 806,742	9
	B. Non-Facility Related*											
10	offset interest expense with interest income (gl 4646)										(17)	10
11	offset interest expense with interest income Law Ave										(299)	11
12												12
13												13
14	TOTAL Non-Facility Related						$	$			$ (316)	14
15	TOTALS (line 9+line14)						$ 11,977,000	$ 11,886,978			$ 806,426	15

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. $ 65,084 Line # 36

* Any interest expense reported in this section should be adjusted out on page 5, line 14 and, consequently, page 4, col. 7. (See instructions.)

** If there is ANY overlap in ownership between the facility and the lender, this must be indicated in column 2. (See instructions.)

Facility Name & ID Number ALDEN LAKELAND REHAB & HCC # 0017319 **Report Period Beginning:** 01/01/2003 **Ending:** 12/31/2003

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE (continued)

B. Real Estate Taxes

1. Real Estate Tax accrual used on 2002 report. *Important*, please see the next worksheet, "RE_Tax". The real estate tax statement and bill must accompany the cost report.	$	356,700	1
2. Real Estate Taxes paid during the year: (Indicate the tax year to which this payment applies. If payment covers more than one year, detail below.)	$	350,233	2
3. Under or (over) accrual (line 2 minus line 1).	$	(6,467)	3
4. Real Estate Tax accrual used for 2003 report. (Detail and explain your calculation of this accrual on the lines below.)	$	409,629	4
5. Direct costs of an appeal of tax assessments which has NOT been included in professional fees or other general operating costs on Schedule V, sections A, B or C. **(Describe appeal cost below. Attach copies of invoices to support the cost and a copy of the appeal filed with the county.)**	$	25,000	5
6. Subtract a refund of real estate taxes. You must offset the full amount of any direct appeal costs classified as a real estate tax cost plus one-half of any remaining refund. **TOTAL REFUND $ For Tax Year. (Attach a copy of the real estate tax appeal board's decision.)**	$		6
7. Real Estate Tax expense reported on Schedule V, line 33. This should be a combination of lines 3 thru 6.	$	428,162	7

Real Estate Tax History:

Real Estate Tax Bill for Calendar Year:			
	1998	354,967	8
	1999	372,295	9
	2000	337,570	10
	2001	346,350	11
	2002	350,233	12

Line 5: we hired firm to appeal the tax assessment on the facility.

accrual based on 3% increase over prior yr bill.

	FOR OHF USE ONLY		
13	FROM R. E. TAX STATEMENT FOR 2002	$	13
14	PLUS APPEAL COST FROM LINE 5	$	14
15	LESS REFUND FROM LINE 6	$	15
16	AMOUNT TO USE FOR RATE CALCULATION	$	16

NOTES:

1. **Please indicate a negative number by use of brackets( ). Deduct any overaccrual of taxes from prior year.**
2. **If facility is a non-profit which pays real estate taxes, you must attach a denial of an application for real estate tax exemption unless the building is rented from a for-profit entity.**
   This denial must be no more than four years old at the time the cost report is filed.

IMPORTANT NOTICE

TO: Long Term Care Facilities with Real Estate Tax Rates **RE:** 2002 REAL ESTATE TAX COST DOCUMENTATION

In order to set the real estate tax portion of the capital rate, it is necessary that we obtain additional information regarding your calendar 2002 real estate tax costs, as well as copies of your real estate tax bills for calendar 2002.

Please complete the Real Estate Tax Statement below and forward with a copy of your 2002 real estate tax bill to the Department of Public Aid, Office of Health Finance, 201 South Grand Avenue East, Springfield, Illinois 62763.

Please send these items in with your completed 2003 cost report. The cost report will not be considered complete and timely filed until this statement and the corresponding real estate tax bills are filed. If you have any questions, please call the Office of Health Finance at (217) 782-1630.

2002 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME ALDEN LAKELAND REHAB & HCC COUNTY COOK

FACILITY IDPH LICENSE NUMBER 0017319

CONTACT PERSON REGARDING THIS REPORT Steven M. Kroll

TELEPHONE 773-286-3883 FAX #: 773-286-2689

A. **Summary of Real Estate Tax Cost**

Enter the tax index number and real estate tax assessed for 2002 on the lines provided below. Enter only the portion of the cost that applies to the operation of the nursing home in Column D. Real estate tax applicable to any portion of the nursing home property which is vacant, rented to other organizations, or used for purposes other than long term care must not be entered in Column D. Do not include cost for any period other than calendar year 2002.

	(A) Tax Index Number	(B) Property Description	(C) Total Tax	(D) Tax Applicable to Nursing Home
1.	14-08-419-040-0000	nursing home	$ 350,233.00	$ 350,233.00
2.		Related Party - Alden Management	$ 125,008.00	$ 8,390.00
3.		Related Party - Forum	$ 8,317.00	$ 309.00
4.			$	$
5.			$	$
6.			$	$
7.			$	$
8.			$	$
9.			$	$
10.			$	$
		TOTALS	$ 483,558.00	$ 358,932.00

B. **Real Estate Tax Cost Allocations**

Does any portion of the tax bill apply to more than one nursing home, vacant property, or property which is not directly used for nursing home services? _____ YES x NO

If YES, attach an explanation & a schedule which shows the calculation of the cost allocated to the nursing home. (Generally the real estate tax cost must be allocated to the nursing home based upon sq. ft. of space used.)

C. **Tax Bills**

Attach a copy of the 2002 tax bills which were listed in Section A to this statement. Be sure to use the 2002 tax bill which is normally paid during 2003.

Facility Name & ID Number ALDEN LAKELAND REHAB & HCC # 0017319 Report Period Beginning: 01/01/2003 Ending: 12/31/2003

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 89,500 B. General Construction Type: Exterior brick Frame steel Number of Stories

C. Does the Operating Entity? [ ] (a) Own the Facility [x] (b) Rent from a Related Organization. [ ] (c) Rent from Completely Unrelated Organization.

(Facilities checking (a) or (b) must complete Schedule XI. Those checking (c) may complete Schedule XI or Schedule XII-A. See instructions.)

D. Does the Operating Entity? [x] (a) Own the Equipment [ ] (b) Rent equipment from a Related Organization. [x] (c) Rent equipment from Completely Unrelated Organization.

(Facilities checking (a) or (b) must complete Schedule XI-C. Those checking (c) may complete Schedule XI-C or Schedule XII-B. See instructions.)

E. List all other business entities owned by this operating entity or related to the operating entity that are located on or adjacent to this nursing home's grounds (such as, but not limited to, apartments, assisted living facilities, day training facilities, day care, independent living facilities, nurse aide training facilities, etc.) List entity name, type of business, square footage, and number of beds/units available (where applicable).

F. Does this cost report reflect any organization or pre-operating costs which are being amortized? [ ] YES [x] NO
If so, please complete the following:

1. Total Amount Incurred: 2. Number of Years Over Which it is Being Amortized:

3. Current Period Amortization: 4. Dates Incurred:

Nature of Costs:
(Attach a complete schedule detailing the total amount of organization and pre-operating costs.)

XI. OWNERSHIP COSTS:

A. Land.

	1 Use	2 Square Feet	3 Year Acquired	4 Cost	
1	300 bed facility		1995	$ 1,040,001	1
2					2
3	TOTALS			$ 1,040,001	3

Facility Name & ID Number ALDEN LAKELAND REHAB & HCC # 0017319 Report Period Beginning: 01/01/2003 Ending: 12/31/2003

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

	1 Beds*	FOR OHF USE ONLY	2 Year Acquired	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
4	related party-forum			1978	$ 15,909	$	22	$	$	$ 15,909	4
5	300			1978	8,882,363	221,780	40	222,059	279	2,115,816	5
6			1995		577		40	14	14	120	6
7			1995		245		40	6	6	51	7
8				1996	13,250	331	40	331		2,622	8
	Improvement Type**										
9											9
10											10
11											11
12											12
13											13
14											14
15											15
16											16
17											17
18											18
19											19
20											20
21											21
22											22
23											23
24											24
25											25
26											26
27											27
28											28
29											29
30											30
31											31
32											32
33											33
34											34
35											35
36											36

*Total beds on this schedule must agree with page 2.

**Improvement type must be detailed in order for the cost report to be considered complete.

See Page 12A, Line 70 for total

Facility Name & ID Number ALDEN LAKELAND REHAB & HCC # 0017319 Report Period Beginning: 01/01/2003 Ending: 12/31/2003

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

	1 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
37	GENERAL REMODELING	1994	$ 1,640,753	$ 42,645	15	$ 109,384	$ 66,739	$ 989,013	37
38	NEW AIR CONDITIONER	1994	185,718	4,827	15	12,381	7,554	105,902	38
39	OXYGEN AND SUCTION SYSTEM	1994	89,080	2,315	15	5,939	3,624	53,114	39
40	3RD FLOOR NURSES STATION	1994	14,234	370	15	949	579	8,211	40
41	REBUILD SHOWERS AND STALL	1994	47,131	1,225	15	3,142	1,917	27,628	41
42	PATIENT ROOM LIGHTING	1994	34,763	903	15	2,318	1,415	20,054	42
43	CARPETING	1994	20,688	537	10	1,379	842	15,927	43
44	NEW DOOR LOCK AND HARDWARE	1994	25,312	658	10	1,687	1,029	19,695	44
45	VARIOUS OTHER ITEMS	1994	85,896	2,234	10	5,726	3,492	49,539	45
46	DECORATING	1986	5,000		3			5,000	46
47	DOCORATING,PUMPS, ROOF REPAIR, COMPRESSOR REPAIR	1987	15,543		3-5			15,543	47
48	ELECTRICAL REPAIRS, CARPENTRY,PUMP REPAIR	1988	15,804		5			15,804	48
49	PUMP REPAIR	1989	2,510		5			2,510	49
50	REPAIR: PUMPS AND COMPRESSOR	1990	32,782		5-10			32,782	50
51	REPAIR: PUMPS, FANS, HEATER,ROOF	1991	16,753		5			16,753	51
52	REPAIR: BOILER,FANS, THERMOSTAT	1992	32,033	59	5-20	58	(1)	31,540	52
53	COLOR RENDERING,REPAIR: COOLING TOWER, ELECT TIMER,	1993	8,916	490	5-15	490		6,745	53
54	DRAPERIES AND CUBICLES; COMPRESSOR REPAIR	1994	45,438	1,541	5-20	1,541		40,744	54
55	REPAIR: ELEVATOR, LAUNDRY ROOM, PUMPS,A.C, INSULLATIC	1995	415,705	22,315	5-20	22,315		217,027	55
56	NEW ELECTRIC GENERATOR, NEW COOLING TOWER	1996	191,725	9,510	5-20	9,510		76,016	56
57	INSTALL NEW CIRCUITS	1997	2,176		5			2,176	57
58	CLEAN FAN COILS	1997	4,622		5			4,622	58
59	REPAIR LIGHTING CIRCUIT & BALLAST	1997	2,327		5			2,327	59
60	REBUILD COMPRESSOR	1997	4,268		5			4,268	60
61	REPAIR CALL LIGHTS	1997	2,350		5			2,350	61
62	ISTALL NEW SMOKE DETECTOR	1997	2,661		5			2,661	62
63	SPRAYED FIREPROOFING	1997	3,965		5			3,965	63
64									64
65									65
66									66
67									67
68									68
69									69
70	TOTAL (lines 4 thru 69)		$ 11,860,497	$ 311,740		$ 399,229	$ 87,489	$ 3,906,434	70

**Improvement type must be detailed in order for the cost report to be considered complete.

Facility Name & ID Number ALDEN LAKELAND REHAB & HCC # 0017319 Report Period Beginning: 01/01/2003 Ending: 12/31/2003

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

	1 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12A, Carried Forward		$ 11,860,497	$ 311,740		$ 399,229	$ 87,489	$ 3,906,434	1
2	Climate Service, Inc (replace fans)	1998	4,725		5			4,725	2
3	**'Wigdahl(replaced outlets)	1998	2,300	230	10	230		1,361	3
4	Wigdahl(replaced outlets)	1998	334	33	10	33		197	4
5	Long Elevator(modify restrictors)	1998	2,200	110	20	110		642	5
6	Incorporation(kickplates & correr guards)	1998	2,309	77	5	77		2,309	6
7	Incorporation(kickplates & larone)	1998	4,547	227	5	227		4,547	7
8	Shine Rite Maintenance (strip and refinish 30 rooms)	1998	6,480	324	5	324		6,480	8
9	Star Contractors (install locks)	1998	5,581	558	10	558		3,256	9
10	Supreme Sheet Metal (Fire dampers)	1998	10,000	667	15	667		3,667	10
11	CSI (replace fan coil units)	1998	6,340	423	15	423		2,254	11
12	Atash Fire & Safety (install annunciator panel)	1998	5,890	393	15	393		2,192	12
13	CSI (rebuild compressor)	1998	7,056	470	15	470		2,509	13
14	Supreme Sheet Metal (install fire dampers)	1998	11,680	1,168	10	1,168		6,132	14
15	Alden Bennett Construction (plan of correction)	1998	2,222	222	10	222		1,148	15
16	Supreme Sheet Metal (install fire dampers)	1998	7,750	775	10	775		3,940	16
17	Supreme Sheet Metal (install fire dampers)								17
18	Patton (repair generator)	1999	1,702	113	15	113		567	18
19	Alden Bennett Construction(general)	1999	11,471	1,147	10	1,147		5,066	19
20	Welding Supply(oxygen piping installed)	1999	13,176	659	20	659		2,800	20
21	ISS/Chicago Sound &Comm.(call system)	1999	28,500	1,900	15	1,900		7,917	21
22	Alden Bennett Construction(general)	1999	23,560	1,571	15	1,571		6,414	22
23	Alden Bennet Construction- oxygen tank	1999	9,475	474	20	474		1,895	23
24	Alden Bennett Construction(oxyg tank)	1999	35,016	1,751	20	1,751		7,149	24
25	Supreme sheet metal-install fire dampers-delete duplicate	2000	(9,475)	(948)	10	(948)		(3,790)	25
26	Climate Service, Inc (repair boiler)	2000	4,892	245	20	245		938	26
27	A&B custom cable-install cable tv	2000	13,824	1,382	10	1,382		5,184	27
28	Fox Valley-install new fire safety pump	2000	4,423	221	20	221		829	28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		$ 12,076,475	$ 325,932		$ 413,421	$ 87,489	$ 3,986,762	34

**Improvement type must be detailed in order for the cost report to be considered complete.

Facility Name & ID Number ALDEN LAKELAND REHAB & HCC # 0017319 Report Period Beginning: 01/01/2003 Ending: 12/31/2003

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

	1 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12B, Carried Forward		$ 12,076,475	$ 325,932		$ 413,421	$ 87,489	$ 3,986,762	1
2	Fox Valley-repair hvac pump	2000	1,969	98	20	98		369	2
3	System electric-circuit for sump pump	2000	2,361	118	20	118		433	3
4	System electric-emergency lighting	2000	5,190	346	15	346		1,240	4
5	System Electric-install circuits	2000	1,570	78	20	78		275	5
6	Fox Valley-install tank system	2000	1,755	70	25	70		246	6
7	GT Mechanical-repair boiler	2000	2,698	135	20	135		472	7
8	ABC-fireproofing	2000	2,503	125	20	125		417	8
9	ABC-seal & stripe parking lot	2000	977	98	10	98		309	9
10	Richard G. Radke-color rendering	1993	6,620		5			6,620	10
11	Remodeling-Lawrence Ave Partnership (building)	1994	140,050	3,501	40	3,501		31,511	11
12	ABC-oxygen tank wiring	2000	26,715	3,710	3	3,710		26,715	12
13	ABC-wallpapering	2000	3,543	984	3	984		3,543	13
14	EWS - Oxygen tank repairs	2001	2,157	270	8	270		719	14
15	Simplex Time Recorder (fire alarm repairs)	2001	1,810	121	15	121		312	15
16	Simplex Time Recorder (fire alarm repairs)	2001	1,529	102	15	102		263	16
17	GT Mechanical-replace trane rooftop unit	2001	17,800	1,187	15	1,187		2,967	17
18	Long Elevator-repair elevator	2001	757	76	10	76		183	18
19	Long Elevator-replace boards	2001	4,659	466	10	466		1,126	19
20	Alden Bennett - various	2001	1,720	172	10	172		444	20
21	Alden Bennett - various	2001	8,688	579	15	579		1,400	21
22	Alden Bennett - various	2001	11,481	765	15	765		1,722	22
23	Medline Industries	2002	1,205	120	10	120		151	23
24	GT Mechanical-replace relay board/compressor	2002	1,696	113	15	113		170	24
25	CSI Coker- booster heater	2002	5,238	349	15	349		669	25
26	Alden Bennett -building improvement	2002	3,358	224	15	224		392	26
27	Alden Bennett -building improvement	2002	2,478	248	10	248		268	27
28	Alden Bennett -building improvement	2002	3,161	316	10	316		395	28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		$ 12,340,162	$ 340,303		$ 427,793	$ 87,489	$ 4,070,094	34

**Improvement type must be detailed in order for the cost report to be considered complete.

Facility Name & ID Number ALDEN LAKELAND REHAB & HCC # 0017319 Report Period Beginning: 01/01/2003 Ending: 12/31/2003

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

	1 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12C, Carried Forward		$ 12,340,162	$ 340,303		$ 427,793	$ 87,489	$ 4,070,094	1
2									2
3	GT Mechanical-rebuild compressor	2003	6,500	397	15	397		397	3
4	Simplex Grinnell -replace smoke detectors	2003	4,225	387	10	387		387	4
5	Simplex Grinnell-repair fire pump	2003	2,094	140	10	140		140	5
6	Simplex Grinnell fire system connection	2003	1,710	114	10	114		114	6
7	CSI Coker-Hobart dishwasher	2003	1,522	127	5	127		127	7
8	Simplex Grinnell-2 duct smoke detectors	2003	1,620	54	10	54		54	8
9	Simples Grinnell-2 duct smoke detectors & electric	2003	1,961	49	10	49		49	9
10	GT Mechanical-repair boiler	2003	1,340	45	5	45		45	10
11	GT Mechanical-replace boiler relief valve	2003	931	31	5	31		31	11
12	Alden Bennett Cons.-roof repair & rails installed	2003	7,517	188	10	188		188	12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		$ 12,369,582	$ 341,835		$ 429,325	$ 87,489	$ 4,071,626	34

**Improvement type must be detailed in order for the cost report to be considered complete.

Facility Name & ID Number ALDEN LAKELAND REHAB & HCC # 0017319 Report Period Beginning: 01/01/2003 Ending: 12/31/2003

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

	1 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12D, Carried Forward		$ 12,369,582	$ 341,835		$ 429,325	$ 87,489	$ 4,071,626	1
2									2
3	Related Party-Forum:								3
4	Leasehold Improvement-Remodeling	1980	16,755		20			16,755	4
5	Leasehold Improvement-Remodeling	1980	1,047		10			1,047	5
6	Leasehold Improvement-Remodeling	1986	559		5			559	6
7	Leasehold Improvement-Remodeling	1990	350		5			350	7
8	Leasehold Improvement-Remodeling	1991	82		5			82	8
9	Leasehold Improvement-Remodeling	1993	7,732		10			7,732	9
10	Leasehold Improvement-Remodeling	1993	6,056		9.7			6,056	10
11	Leasehold Improvement-sign	1994	226	14	12	14		120	11
12	Leasehold Improvement-dryvit	1995	384	24	10	24		203	12
13	Leasehold Improvement-new ac	1999	626	39	15	39		203	13
14	Leasehold Improvement-roof	1985	843	44	19	44		843	14
15	Leasehold Improvement-roof	1994	748	47	15	47		529	15
16	Leasehold Improvement-roof	1997	710	44	15	44		349	16
17	Leasehold Improvement-roof	1998	1,205	75	15	75		507	17
18	Leasehold Improvement-parking lot asphalt	2000	96	32	10	32		63	18
19	Leasehold Improvement-hallway lighting	2001	135	27	10	27		56	19
20	Leasehold Improvement-DAI	2001	169	17	10	17		53	20
21	Leasehold Improvement-bathrooms	2002	630	63	10	63		80	21
22	Leasehold Improvement-Remodeling	2002	91	18	5	18		36	22
23	Leasehold Improvements-Remodeling	2003	1,638	164	10	164		164	23
24	Leasehold Improvements-Remodeling	2003	105	4	4	4		4	24
25									25
26	Related Party-AMS:								26
27	Leasehold Improvement-Remodeling	1993	6,132		7			6,132	27
28	Leasehold Improvement-Remodeling	2002	5,020	627	7	627		4,392	28
29	Leasehold Improvement-Remodeling	2003	5,251	660	7	660		4,611	29
30									30
31									31
32									32
33	Forum Extended Care, LLC-building/building improv	1999	15,137	378	40	378		1,896	33
34	TOTAL (lines 1 thru 33)		$ 12,441,309	$ 344,112		$ 431,602	$ 87,489	$ 4,124,448	34

**Improvement type must be detailed in order for the cost report to be considered complete.

Facility Name & ID Number ALDEN LAKELAND REHAB & HCC # 0017319 Report Period Beginning: 01/01/2003 Ending: 12/31/2003

XI. OWNERSHIP COSTS (continued)

C. Equipment Depreciation-Excluding Transportation. (See instructions.)

	Category of Equipment	1 Cost	Current Book Depreciation 2	Straight Line Depreciation 3	4 Adjustments	Component Life 5	Accumulated Depreciation 6	
71	Purchased in Prior Years	$ 2,103,193	$ 157,148	$ 157,148	$	various	$ 1,225,546	71
72	Current Year Purchases	58,694	4,342	4,342		various	4,342	72
73	Fully Depreciated Assets	261,906	2,997	2,997		various	261,906	73
74								74
75	TOTALS	$ 2,423,793	$ 164,487	$ 164,487	$		$ 1,491,793	75

D. Vehicle Depreciation (See instructions.)*

	1 Use	Model, Make and Year 2	Year Acquired 3	4 Cost	Current Book Depreciation 5	Straight Line Depreciation 6	7 Adjustments	Life in Years 8	Accumulated Depreciation 9	
76	car engine/bus/van	dodge/other	98-'03	$ 11,860	$ 2,052	$ 2,052	$	3	$ 11,658	76
77										77
78										78
79										79
80	TOTALS			$ 11,860	$ 2,052	$ 2,052	$		$ 11,658	80

E. Summary of Care-Related Assets

		1 Reference	2 Amount	
81	Total Historical Cost	(line 3, col.4 + line 70, col.4 + line 75, col.1 + line 80, col.4) + (Pages 12B thru 12I, if applicable)	$ 15,916,963	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	$ 510,652	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	$ 598,141	83 **
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	$ 87,489	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	$ 5,627,899	85

F. Depreciable Non-Care Assets Included in General Ledger. (See instructions.)

	1 Description & Year Acquired	2 Cost	Current Book Depreciation 3	Accumulated Depreciation 4	
86	n/a	$	$	$	86
87					87
88					88
89					89
90					90
91	TOTALS	$	$	$	91

G. Construction-in-Progress

	Description	Cost	
92		$ N/A	92
93			93
94			94
95		$	95

* Vehicles used to transport residents to & from day training must be recorded in XI-F, not XI-D.

** This must agree with Schedule V line 30, column 8.

XII. RENTAL COSTS

A. Building and Fixed Equipment (See instructions.)

1. Name of Party Holding Lease: related party-cost is backed out

2. Does the facility also pay real estate taxes in addition to rental amount shown below on line 7, column 4?
If NO, see instructions. [ ] YES [X] NO

		1 Year Constructed	2 Number of Beds	3 Date of Lease	4 Rental Amount	5 Total Years of Lease	6 Total Years Renewal Option*	
3	Original Building:				$			3
4	Additions							4
5								5
6								6
7	TOTAL				$ **			7

8. List separately any amortization of lease expense included on page 4, line 34.
This amount was calculated by dividing the total amount to be amortized by the length of the lease .

9. Option to Buy: [ ] YES [x] NO Terms: *

10. Effective dates of current rental agreement:
Beginning 4/1/1994
Ending 3/31/2004

11. Rent to be paid in future years under the current rental agreement:

	Fiscal Year Ending	Annual Rent
12.	12/31/04	$ 302,693
13.	12/31/05	$ 0
14.	12/31/06	$ 0

B. Equipment-Excluding Transportation and Fixed Equipment. (See instructions.)

15. Is Movable equipment rental included in building rental? [ ] YES [x] NO

16. Rental Amount for movable equipment: $ 11,080 Description: copy machine rental
(Attach a schedule detailing the breakdown of movable equipment)

C. Vehicle Rental (See instructions.)

	1 Use	2 Model Year and Make	3 Monthly Lease Payment	4 Rental Expense for this Period	
17	transport-non patients		$ 315.00	$ 3,780	17
18	related party-Ams		2,307.08	27,685	18
19			0.00		19
20					20
21	TOTAL		$ 2,622.08	$ 31,465	21

* If there is an option to buy the building, please provide complete details on attached schedule.

** This amount plus any amortization of lease expense must agree with page 4, line 34.

Facility Name & ID Number ALDEN LAKELAND REHAB & HCC # 0017319 Report Period Beginning: 01/01/2003 Ending: 12/31/2003

XIII. EXPENSES RELATING TO NURSE AIDE TRAINING PROGRAMS (See instructions.)

A. TYPE OF TRAINING PROGRAM (If aides are trained in another facility program, attach a schedule listing the facility name, address and cost per aide trained in that facility.)

1. HAVE YOU TRAINED AIDES DURING THIS REPORT PERIOD? [ ] YES [x] NO

If "yes", please complete the remainder of this schedule. If "no", provide an explanation as to why this training was not necessary.

Skilled nursing staff on site.

2. CLASSROOM PORTION:
- IN-HOUSE PROGRAM [ ]
- IN OTHER FACILITY [ ]
- COMMUNITY COLLEGE [ ]
- HOURS PER AIDE ____

3. CLINICAL PORTION:
- IN-HOUSE PROGRAM [ ]
- IN OTHER FACILITY [ ]
- HOURS PER AIDE ____

B. EXPENSES

ALLOCATION OF COSTS (d)

		1	2	3	4
		Facility			
		Drop-outs	Completed	Contract	Total
1	Community College Tuition	$	$	$	$
2	Books and Supplies				
3	Classroom Wages (a)				
4	Clinical Wages (b)				
5	In-House Trainer Wages (c)				
6	Transportation				
7	Contractual Payments				
8	Nurse Aide Competency Tests				
9	TOTALS	$	$	$	$
10	SUM OF line 9, col. 1 and 2 (e)	$			

C. CONTRACTUAL INCOME

In the box below record the amount of income your facility received training aides from other facilities.

$

D. NUMBER OF AIDES TRAINED

COMPLETED	
1. From this facility	
2. From other facilities (f)	
DROP-OUTS	
1. From this facility	
2. From other facilities (f)	
TOTAL TRAINED	

(a) Include wages paid during the classroom portion of training. Do not include fringe benefits.
(b) Include wages paid during the clinical portion of training. Do not include fringe benefits.
(c) For in-house training programs only. Do not include fringe benefits.
(d) Allocate based on if the aide is from your facility or is being contracted to be trained in your facility. Drop-out costs can only be for costs incurred by your own aides.
(e) The total amount of Drop-out and Completed Costs for your own aides must agree with Sch. V, line 13, col. 8.
(f) Attach a schedule of the facility names and addresses of those facilities for which you trained aides.

XIV. SPECIAL SERVICES (Direct Cost) (See instructions.)

		1	2	3	4	5	6	7	8	
	Service	Schedule V Line & Column Reference	Staff Units of Service	Staff Cost	Outside Practitioner (other than consultant) Units	Outside Practitioner (other than consultant) Cost	Supplies (Actual or) Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)	
1	Licensed Occupational Therapist	39-3	hrs	$		$ 174,980	$		$ 174,980	1
2	Licensed Speech and Language Development Therapist	39-3	hrs			69,331			69,331	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	39-3	hrs			175,698			175,698	4
5	Physician Care		visits							5
6	Dental Care		visits							6
7	Work Related Program		hrs							7
8	Habilitation		hrs							8
9	Pharmacy	See page 16A	# of prescrpts				96,070		96,070	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Exceptional Care Program	39-1, 39-3		1,119,611			444,567		1,564,178	12
13	Other (specify):	See page 16A					678,246		678,246	13
14	TOTAL			$ 1,119,611		$ 420,009	$ 1,218,884		$ 2,758,504	14

NOTE: This schedule should include fees (other than consultant fees) paid to licensed practitioners. Consultant fees should be detailed on Schedule XVIII-B. Salaries of unlicensed practitioners, such as nurse aides, who help with the above activities should not be listed on this schedule.

Facility Name & ID Number ALDEN LAKELAND REHAB & HCC **#** 0017319 **Report Period Beginning:** 01/01/2003 **Ending:** 12/31/2003

XV. BALANCE SHEET - Unrestricted Operating Fund. **As of** 12/31/2003 **(last day of reporting year)**

This report must be completed even if financial statements are attached.

		1 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	$	$ 2,748	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)	2,115,228	2,115,228	3
4	Supply Inventory (priced at)	264	264	4
5	Short-Term Investments			5
6	Prepaid Insurance	8,970	66,310	6
7	Other Prepaid Expenses	1,714	1,714	7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): Due from 3rd parties	14,845	14,870	9
10	**TOTAL Current Assets (sum of lines 1 thru 9)**	$ 2,141,021	$ 2,201,134	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land		1,040,001	13
14	Buildings, at Historical Cost		9,375,275	14
15	Leasehold Improvements, at Historical Cost	1,465,219	3,833,815	15
16	Equipment, at Historical Cost	887,008	1,807,379	16
17	Accumulated Depreciation (book methods)	(1,395,311)	(4,935,138)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds			21
22	Other Long-Term Assets (spe fin fees, net		63,782	22
23	Other(specify): escrows/replac reserves		271,566	23
24	**TOTAL Long-Term Assets (sum of lines 11 thru 23)**	$ 956,916	$ 11,456,680	24
25	**TOTAL ASSETS (sum of lines 10 and 24)**	$ 3,097,937	$ 13,657,814	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	$ 3,507,444	$ 3,507,444	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	77,676	77,676	28
29	Short-Term Notes Payable	68,531	68,531	29
30	Accrued Salaries Payable	417,740	417,740	30
31	Accrued Taxes Payable (excluding real estate taxes)	23,378	23,378	31
32	Accrued Real Estate Taxes(Sch.IX-B)		409,629	32
33	Accrued Interest Payable	945	61,767	33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	Other Current Liabilities(specify):			
36	accrued ins,exps,idpa,sales tax,etc.	215,731	216,088	36
37	due to affiliates	8,654,587	7,312,665	37
38	**TOTAL Current Liabilities (sum of lines 26 thru 37)**	$ 12,966,032	$ 12,094,918	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable	99,420	99,420	39
40	Mortgage Payable		11,886,978	40
41	Bonds Payable			41
42	Deferred Compensation			42
	Other Long-Term Liabilities(specify):			
43				43
44				44
45	**TOTAL Long-Term Liabilities (sum of lines 39 thru 44)**	$ 99,420	$ 11,986,398	45
46	**TOTAL LIABILITIES (sum of lines 38 and 45)**	$ 13,065,452	$ 24,081,316	46
47	**TOTAL EQUITY(page 18, line 24)**	$ (9,967,515)	$ (10,423,502)	47
48	**TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)**	$ 3,097,937	$ 13,657,814	48

***(See instructions.)**

Facility Name & ID Number ALDEN LAKELAND REHAB & HCC # 0017319 Report Period Beginning: 01/01/2003 Ending: 12/31/2003

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	**Balance at Beginning of Year, as Previously Reported**	$ (8,580,979)	1
2	Restatements (describe):		2
3	external audit adjustments made after 2002 cost report was		3
4	submitted. These have no effect on prior years report:	(115,225)	4
5	set up liab due to IDPA for audit: 4101/2085		5
6	**Balance at Beginning of Year, as Restated (sum of lines 1-5)**	$ (8,696,204)	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	(1,271,311)	7
8	Aquisitions of Pooled Companies		8
9	Proceeds from Sale of Stock		9
10	Stock Options Exercised		10
11	Contributions and Grants		11
12	Expenditures for Specific Purposes		12
13	Dividends Paid or Other Distributions to Owners	( )	13
14	Donated Property, Plant, and Equipment		14
15	Other (describe)		15
16	Other (describe)		16
17	**TOTAL Additions (deductions) (sum of lines 7-16)**	$ (1,271,311)	17
	B. Transfers (Itemize):		
18			18
19			19
20			20
21			21
22			22
23	**TOTAL Transfers (sum of lines 18-22)**	$	23
24	**BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)**	$ (9,967,515)	24 *

*** This must agree with page 17, line 47.**

Facility Name & ID Number ALDEN LAKELAND REHAB & HCC # 0017319 Report Period Beginning: 01/01/2003 Ending: 12/31/2003

XVII. INCOME STATEMENT (attach any explanatory footnotes necessary to reconcile this schedule to Schedules V and VI.) All required classifications of revenue and expense must be provided on this form, even if financial statements are attached.

Note: This schedule should show gross revenue and expenses. Do not net revenue against expense.

	Revenue	1 Amount	
	A. Inpatient Care		
1	Gross Revenue -- All Levels of Care	$ 9,972,519	1
2	Discounts and Allowances for all Levels	( )	2
3	**SUBTOTAL Inpatient Care (line 1 minus line 2)**	$ 9,972,519	3
	B. Ancillary Revenue		
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	12,952	6
7	Oxygen	385,359	7
8	**SUBTOTAL Ancillary Revenue (lines 4 thru 7)**	$ 398,311	8
	C. Other Operating Revenue		
9	Payments for Education		9
10	Other Government Grants		10
11	Nurses Aide Training Reimbursements		11
12	Gift and Coffee Shop		12
13	Barber and Beauty Care		13
14	Non-Patient Meals		14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs	3,105	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory	806	19
20	Radiology and X-Ray		20
21	Other Medical Services	159,060	21
22	Laundry		22
23	**SUBTOTAL Other Operating Revenue (lines 9 thru 22)**	$ 162,971	23
	D. Non-Operating Revenue		
24	Contributions		24
25	Interest and Other Investment Income***	17	25
26	**SUBTOTAL Non-Operating Revenue (lines 24 and 25)**	$ 17	26
	E. Other Revenue (specify):**		
27	Settlement Income (Insurance, Legal, Etc.)		27
28	See Page 19A	1,962	28
28a			28a
29	**SUBTOTAL Other Revenue (lines 27, 28 and 28a)**	$ 1,962	29
30	**TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)**	$ 10,535,780	30

	Expenses	2 Amount	
	A. Operating Expenses		
31	General Services	1,748,649	31
32	Health Care	2,991,188	32
33	General Administration	2,655,475	33
	B. Capital Expense		
34	Ownership	1,911,758	34
	C. Ancillary Expense		
35	Special Cost Centers	2,864,822	35
36	Provider Participation Fee	164,250	36
	D. Other Expenses (specify):		
37	Related party salaries allocations		37
38	not to be included on this page, but included		38
39	on page 3&4.	(529,051)	39
40	**TOTAL EXPENSES (sum of lines 31 thru 39)***	$ 11,807,091	40
41	**Income before Income Taxes (line 30 minus line 40)****	(1,271,311)	41
42	**Income Taxes**		42
43	**NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)**	$ (1,271,311)	43

* **This must agree with page 4, line 45, column 4.**

** **Does this agree with taxable income (loss) per Federal Income Tax Return? not yet done If not, please attach a reconciliation.**

*** **See the instructions. If this total amount has not been offset against interest expense on Schedule V, line 32, please include a detailed explanation.**

****Provide a detailed breakdown of "Other Revenue" on an attached sheet.**

Facility Name & ID Number ALDEN LAKELAND REHAB & HCC # 0017319 Report Period Beginning: 01/01/2003 Ending: 12/31/2003

XVIII. A. STAFFING AND SALARY COSTS (Please report each line separately.)
(This schedule must cover the entire reporting period.)

		1 # of Hrs. Actually Worked	2** # of Hrs. Paid and Accrued	3 Reporting Period Total Salaries, Wages	4 Average Hourly Wage	
1	Director of Nursing	1,745	1,788	$ 64,273	$ 35.95	1
2	Assistant Director of Nursing	744	808	19,691	24.37	2
3	Registered Nurses	49,392	52,805	1,523,024	28.84	3
4	Licensed Practical Nurses	26,127	27,800	629,310	22.64	4
5	Nurse Aides & Orderlies	9,586	102,035	1,092,076	10.70	5
6	Nurse Aide Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides	1,747	1,999	21,464	10.74	8
9	Activity Director	1,847	1,979	32,295	16.32	9
10	Activity Assistants	7,698	8,374	78,816	9.41	10
11	Social Service Workers	2,608	2,744	46,846	17.07	11
12	Dietician					12
13	Food Service Supervisor	1,992	2,080	30,109	14.48	13
14	Head Cook	5,888	6,105	62,318	10.21	14
15	Cook Helpers/Assistants	22,430	23,553	185,319	7.87	15
16	Dishwashers					16
17	Maintenance Workers	1,944	2,080	38,861	18.68	17
18	Housekeepers	25,825	27,566	245,656	8.91	18
19	Laundry	7,071	7,665	78,051	10.18	19
20	Administrator	2,152	2,200	94,195	42.82	20
21	Assistant Administrator	648	760	13,984	18.40	21
22	Other Administrative	4,168	4,424	79,305	17.93	22
23	Office Manager					23
24	Clerical	5,350	5,700	63,337	11.11	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator	2,020	2,148	51,307	23.89	29
30	Habilitation Aides (DD Homes)					30
31	Medical Records	1,560	1,640	29,286	17.86	31
32	Other Health C: Clin Support	296	360	10,297	28.60	32
33	Other(specify)					33
34	TOTAL (lines 1 - 33)	182,838	286,613	$ 4,489,820 *	$ 15.67	34

* This total must agree with page 4, column 1, line 45. ** See instructions.

B. CONSULTANT SERVICES

		1 Number of Hrs. Paid & Accrued	2 Total Consultant Cost for Reporting Period	3 Schedule V Line & Column Reference	
35	Dietary Consultant	550/mo	$ 6,600	1-3	35
36	Medical Director	per month	40,000	10-3	36
37	Medical Records Consultant				37
38	Nurse Consultant				38
39	Pharmacist Consultant	600/mo	7,200	10-3	39
40	Physical Therapy Consultant				40
41	Occupational Therapy Consultant				41
42	Respiratory Therapy Consultant				42
43	Speech Therapy Consultant				43
44	Activity Consultant	45	2,412	11-3	44
45	Social Service Consultant	16	876	11-3	45
46	Other(specify)				46
47					47
48					48
49	TOTAL (lines 35 - 48)	61	$ 57,088		49

C. CONTRACT NURSES

		1 Number of Hrs. Paid & Accrued	2 Total Contract Wages	3 Schedule V Line & Column Reference	
50	Registered Nurses		$ N/A		50
51	Licensed Practical Nurses				51
52	Nurse Aides				52
53	TOTAL (lines 50 - 52)		$		53

Facility Name & ID Number ALDEN LAKELAND REHAB & HCC # 0017319 Report Period Beginning: 01/01/2003 Ending: 12/31/2003

XIX. SUPPORT SCHEDULES

A. Administrative Salaries

Name	Function	Ownership %	Amount
M. Argamaso	administrator	0	$ 58,401
M. VonGoeben	administrator	0	35,794
Robin Kwiatkowski	Asst,Administrator	0	13,984
related party-various			
executives	exec mgmnt		94,424
TOTAL (agree to Schedule V, line 17, col. 1)			
(List each licensed administrator separately.)			$ 202,603

B. Administrative - Other

Description	Amount
	$
TOTAL (agree to Schedule V, line 17, col. 3)	$
(Attach a copy of any management service agreement)	

C. Professional Services

Vendor/Payee	Type	Amount
Alden Management	management fee	$ 883,200
BDO Seidman	accounting fees	10,196
Ken Fisch	legal fees	22,630
Barry Greenburg	legal fees	4,063
Mayer, Brown, Rowe	real estate tax appeal	25,000
J.Herman	consultant-prof	1,575
Medi-com	billing consult	587
Others: Ams/Talx/	work comp/misc	925
TOTAL (agree to Schedule V, line 19, column 3)		
(If total legal fees exceed $2500 attach copy of invoices.)		$ 948,176

D. Employee Benefits and Payroll Taxes

Description	Amount
Workers' Compensation Insurance	$ 131,075
Unemployment Compensation Insurance	33,926
FICA Taxes	350,422
Employee Health Insurance	47,445
Employee Meals	26,502
Illinois Municipal Retirement Fund (IMRF)*	
Union,Health, Welfare	50,213
Pension	25,910
dental & life insur	1,671
miscell empl costs	1,793
vaccinations/drug tests	3,885
Marketing Employ.Benefit deduction	(2,012)
related party-fecII & ams	73,178
TOTAL (agree to Schedule V, line 22, col.8)	$ 744,006

E. Schedule of Non-Cash Compensation Paid to Owners or Employees

Description	Line #	Amount
n/a		$
TOTAL		$

F. Dues, Fees, Subscriptions and Promotions

Description	Amount
IDPH License Fee	$
Advertising: Employee Recruitment	
Health Care Worker Background Check	
(Indicate # of checks performed 20)	140
Il Health Care Assoc (less Pac portion)	8,301
Sec of State / Licenses	324
Surety bonds	1,262
related party-ams	678
Less: Public Relations Expense	( )
Non-allowable advertising	( )
Yellow page advertising	( )
TOTAL (agree to Sch. V, line 20, col. 8)	$ 10,705

G. Schedule of Travel and Seminar**

Description	Amount
Out-of-State Travel	$
In-State Travel	
auto & travel	987
gasoline	321
related party-ams	15,020
Seminar Expense	
various doctors/ihca/etc	849
Entertainment Expense	( )
TOTAL (agree to Sch. V, line 24, col. 8)	$ 17,177

* Attach copy of IMRF notifications

**See instructions.

Facility Name & ID Number ALDEN LAKELAND REHAB & HCC # 0017319 Report Period Beginning: 01/01/2003 Ending: 12/31/2003

XIX-H. SUPPORT SCHEDULE - DEFERRED MAINTENANCE COSTS (which have been included in Sch. V, line 6, col. 3).
(See instructions.)

	1	2	3	4	5	6	7	8	9	10	11	12	13
	Improvement Type	Month & Year Improvement Was Made	Total Cost	Useful Life	Amount of Expense Amortized Per Year								
					FY2000	FY2001	FY2002	FY2003	FY2004	FY2005	FY2006	FY2007	FY2008
1	hvac/pipes/pumps/repairs	1/88	$ 3,500	5	$	$	$	$	$	$	$	$	$
2	hvac/pipes/pumps/repairs	2/88	2,444	5									
3	hvac/pipes/pumps/repairs	3/88	2,385	5									
4	hvac/pipes/pumps/repairs	7/88	1,766	5									
5	hvac/pipes/pumps/repairs	10/88	3,200	5									
6	hvac/pipes/pumps/repairs	12/88	2,510	5									
7	boiler/hvac repair	6/89	5,114	5									
8	fan/pump/boiler repairs	10/90	4,240	5									
9	fan/pump/boiler repairs	11/90	3,482	5									
10	fan/pump/boiler repairs	12/90	2,233	5									
11	see page 22a	1991-1995	220,093	5-20	2,100	1,540	1,540	1,540	1,540	1,540	1,540	1,540	1,540
12	see page 22b	1996	41,372	3-20	2,976	1,566	696	696	696	696	555	505	505
13	see page 22c	1997	16,366	3	2,471	0							
14	see page 22c	1998	103,843	3	34,614	9,693	0						
15	see page 22d	1999	18,157	3	6,052	6,052	3,021	0					
16	painting>$1,500 ytd 1999	7/99	12,619	3	4,206	4,206	2,103	0					
17	see page 22d	2000	15,388	3	2,166	4,997	5,129	2,964	133	0			
18													
19													
20	TOTALS		$ 458,712		$ 54,585	$ 28,054	$ 12,489	$ 5,200	$ 2,369	$ 2,236	$ 2,095	$ 2,045	$ 2,045

Facility Name & ID Number ALDEN NURSING CENTER - LAKELAND 0017319 Report Period Beginning: 1/1/03 Ending: 12/31/03

XIX-H. SUPPORT SCHEDULE - DEFERRED MAINTENANCE COSTS (which have been included in Sch. V, line 6, col. 3).
(See instructions.)

1	2	3	4	5	6	7	8	9	10	11	12	13
Improvement Type	Month/Yr Improvement	Total Cost	Useful Life	Amount of Expense Amortized Per Year								
				FY2000	FY2001	FY2002	FY2003	FY2004	FY2005	FY2006	FY2007	FY2008
Ventalation	3/91	713	5									
HVAC	3/91	1,739	5									
Painting	4/91	2,240	3									
HVAC	9/91	2,297	5									
Boiler	9/91	770	5									
Boiler	1/92	1,393	5									
HVAC	7/92	1,163	5									
Boiler	4/93	2377	3									
Boiler	5/93	2,164	3									
Water Pump	5/93	2,680	3									
Boiler	8/93	1,655	3									
HVAC	9/93	3,015	3									
HVAC	10/93	1,453	3									
HVAC	8/94	10,370	5	0								
Painting	12/94	140,050	5	0								
A/C motor repair	1/95	2,612	5	0								
Painting	3/95	7,320	5	244	0							
Painting	4/95	9,312	3									
Pumps	6/95	11,976	15	798	798	798	798	798	798	798	798	798
A/C repair- controls	7/95	1,317	15	88	88	88	88	88	88	88	88	88
A/C motor repair	7/95	2,720	5	272	0							
Boiler	7/95	2,054	20	103	103	103	103	103	103	103	103	103
Roof exhauster	7/95	441	5	44	0							
Insullation	7/95	496	15	33	33	33	33	33	33	33	33	33
Compressor	8/95	3,508	15	234	234	234	234	234	234	234	234	234
Water leak	8/95	4,258	15	284	284	284	284	284	284	284	284	284
Total to page 22, line 11		220,093		2,100	1,540	1,540	1,540	1,540	1,540	1,540	1,540	1,540

Facility Name & ID Number ALDEN NURSING CENTER - LAKELAND 0017319 Report Period Beginning: 1/1/03 Ending: 12/31/03

XIX-H. SUPPORT SCHEDULE - DEFERRED MAINTENANCE COSTS (which have been included in Sch. V, line 6, col. 3).
(See instructions.)

1	2	3	4	5	6	7	8	9	10	11	12	13
Improvement Type	Month/Yr Improvement	Total Cost	Useful Life	Amount of Expense Amortized Per Year								
				FY2000	FY2001	FY2002	FY2003	FY2004	FY2005	FY2006.	FY2007	FY2008
Painting	1/96	1,430	3									
Painting	2/96	1,430	3	0								
Painting	3/96	2,585	3	0								
Coils	3/96	2,200	5	440	73							
Pipes	3/96	4,900	15	327	327	327	327	327	327	327	327	327
Painting	4/96	1,886	3	0								
Refrigerant	4/96	1,912	10	191	191	191	191	191	191	50		
Condenser cleaning	4/96	1,941	5	388	98	0						
Painting	5/96	1,610	3	0								
Condenser leak	5/96	1,824	5	365	121	0						
Bearings	5/96	3,284	5	657	218							
Feeder pump and motor	6/96	1,636	15	109	109	109	109	109	109	109	109	109
Boiler	6/96	1,389	20	69	69	69	69	69	69	69	69	69
RemoverRTV and clean	6/96	291	3	0								
Painting	6/96	2,254	3	0								
Painting	7/96	1,610	3	0								
Painting	8/96	1,610	3	0								
Painting	10/96	3,220	3	0								
Painting	11/96	1,104	3	0								
New water coil	11/96	2,152	5	430	360	0						
Painting	12/96	1,104	3	0								
Total to page 22, line 12		41,372		2,976	1,566	696	696	696	696	555	505	505

Facility Name & ID Number ALDEN NURSING CENTER - LAKELAND 0017319 Report Period Beginning: 1/1/03 Ending: 12/31/03

XIX-H. SUPPORT SCHEDULE - DEFERRED MAINTENANCE COSTS (which have been included in Sch. V, line 6, col. 3).
(See instructions.)

1	2	3	4	5	6	7	8	9	10	11	12	13
Improvement Type	Month/Yr Improvement	Total Cost	Useful Life	Amount of Expense Amortized Per Year								
				FY2000	FY2001	FY2002	FY2003	FY2004	FY2005	FY2006	FY2007	FY2008
replace pump & motor	4/97	2,205	3	34,235	0	0	0	0	0	0	0	0
replacing mixing valves&pump	4/97	1,053	3	34,907	0							
replace belts& motor pulley	7/97	1,800	3	34,712	0							
replace valve & drier	7/97	2,686	3	34,269	0							
replace butterfly valve	11/97	2,883	3	34,614	0							
replaced valves	4/97	2,631	3	33,986	0							
replace butterfly valve	6/97	1,539	3	34,770	0							
replaced fuses, motor&starter	6/97	1,570	3	34,753	0							
Total to page 22, line 13		16,366		276,246	0	0	0	0	0	0	0	0
Boiler	3/98	2,378	3	11,952	23,243	0						
Drawings	3/98	2,000	3	11,952	23,347	0						
Painting	3/98	36,726	3	11,952	13,701	0						
Painting	4/98	6,080	3	11,962	22,404	0						
Painting	4/98	41,270	3	11,962	13,607	0						
Painting	7/98	3,574	3	11,992	23,389	0						
Chiller	7/98	3,026	3	11,992	23,481	0						
Fan coil units	9/98	1,671	3	12,013	23,840	0						
Painting	10/98	3,276	3	12,023	23,773	0						
Painting	12/98	3,843	3	12,043	23,980	0						
Total to page 22, line 14		103,843		119,843	214,765	0	0	0	0	0	0	0

Facility Name & ID Number **ALDEN NURSING CENTER - LAKELAND** **0017319** **Report Period Beginning: 1/1/03 Ending: 12/31/03**

XIX-H. SUPPORT SCHEDULE - DEFERRED MAINTENANCE COSTS (which have been included in Sch. V, line 6, col. 3).
(See instructions.)

1	2	3	4	5	6	7	8	9	10	11	12	13
Improvement Type	Month/Yr Improvement	Total Cost	Useful Life	Amount of Expense Amortized Per Year								
				FY2000	FY2001	FY2002	FY2003	FY2004	FY2005	FY2006	FY2007	FY2008
Chicago Cooling(start/check a/c)	**6/99**	**4,988**	**3**	**1,663**	**1,663**	**693**	**0**					
Chicago Cooling(charge of a/c)	**6/99**	**2,892**	**3**	**964**	**964**	**402**	**0**					
CSI(cleaned and repair a/c unit)	**7/99**	**2,359**	**3**	**786**	**786**	**393**	**0**					
CSI(cut up dumpsters)	**7/99**	**3,275**	**3**	**1,092**	**1,092**	**546**	**0**					
CSI	**8/99**	**3,122**	**3**	**1,041**	**1,041**	**607**	**0**					
Village Plumbing	**10/99**	**1,523**	**3**	**508**	**508**	**381**	**0**					
Total to page 22, line 15		**18,157**		**6,054**	**6,054**	**3,022**	**0**	**0**	**0**	**0**	**0**	**0**

painting>$1,500 ytd 2000	**7/00**	**7,132**	**3**	**1,189**	**2,377**	**2,377**	**1,189**	**0**				
capps plumbing/sewer-repair plumb	**7/00**	**1,824**	**3**	**304**	**608**	**608**	**304**	**0**				
gt mechanical-replace hvac pump motor	**8/00**	**2,534**	**3**	**351**	**845**	**845**	**493**	**0**				
gt mechanical-repair hvac condens/pump	**8/00**	**2,314**	**3**	**322**	**771**	**771**	**450**	**0**				
capps plumbing/rodding/testing)	**4/01**	**1,585**	**3**		**396**	**528**	**528**	**133**	**0**			
Total to page 22, line 17		**15,388**		**2,166**	**4,997**	**5,129**	**2,964**	**133**	**0**	**0**	**0**	**0**

Cell: A19
Comment: Mark Novotny:
need to increase dprec exp on deferred maint for this item.

Facility Name & ID Number ALDEN LAKELAND REHAB & HCC **#** 0017319 **Report Period Beginning:** 01/01/2003 **Ending:** 12/31/2003

XX. GENERAL INFORMATION:

(1) Are nursing employees (RN,LPN,NA) represented by a union? yes

(2) Are there any dues to nursing home associations included on the cost report? yes
If YES, give association name and amount. Il Health Care Assoc $12,936

(3) Did the nursing home make political contributions or payments to a political action organization? yes If YES, have these costs been properly adjusted out of the cost report? yes

(4) Does the bed capacity of the building differ from the number of beds licensed at the end of the fiscal year? no If YES, what is the capacity?

(5) Have you properly capitalized all major repairs and equipment purchases? yes
What was the average life used for new equipment added during this period? 10

(6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. $ 31,101 Line 10

(7) Have all costs reported on this form been determined using accounting procedures consistent with prior reports? yes If NO, attach a complete explanation.

(8) Are you presently operating under a sale and leaseback arrangement? no
If YES, give effective date of lease.

(9) Are you presently operating under a sublease agreement? YES x NO

(10) Was this home previously operated by a related party (as is defined in the instructions for Schedule VII)? YES NO x If YES, please indicate name of the facility, IDPH license number of this related party and the date the present owners took over.

(11) Indicate the amount of the Provider Participation Fees paid and accrued to the Department of Public Aid during this cost report period. $ 164,250
This amount is to be recorded on line 42 of Schedule V.

(12) Are there any salary costs which have been allocated to more than one line on Schedule V for an individual employee? no If YES, attach an explanation of the allocation.

(13) Have costs for all supplies and services which are of the type that can be billed to the Department of Public Aid, in addition to the daily rate, been properly classified in the Ancillary Section of Schedule V? yes

(14) Is a portion of the building used for any function other than long term care services for the patient census listed on page 2, Section B? no For example, is a portion of the building used for rental, a pharmacy, day care, etc.) If YES, attach a schedule which explains how all related costs were allocated to these functions.

(15) Indicate the cost of employee meals that has been reclassified to employee benefits on Schedule V. $ 26,502 Has any meal income been offset against related costs? no Indicate the amount. $ n/a

(16) Travel and Transportation
a. Are there costs included for out-of-state travel? no
If YES, attach a complete explanation.
b. Do you have a separate contract with the Department to provide medical transportation for residents? no If YES, please indicate the amount of income earned from such a program during this reporting period. $ n/a
c. What percent of all travel expense relates to transportation of nurses and patients? n/a
d. Have vehicle usage logs been maintained? n/a
e. Are all vehicles stored at the nursing home during the night and all other times when not in use? n/a
f. Has the cost for commuting or other personal use of autos been adjusted out of the cost report? n/a
g. Does the facility transport residents to and from day training? n/a
Indicate the amount of income earned from providing such transportation during this reporting period. $ n/a

(17) Has an audit been performed by an independent certified public accounting firm? yes
Firm Name: Bdo Seidman The instructions for the cost report require that a copy of this audit be included with the cost report. Has this copy been attached? no If no, please explain. not yet completed

(18) Have all costs which do not relate to the provision of long term care been adjusted out out of Schedule V? yes

(19) If total legal fees are in excess of $2500, have legal invoices and a summary of services performed been attached to this cost report? yes
Attach invoices and a summary of services for all architect and appraisal fees.

Reclassifications - Pgs 3 and 4

From Line	To Line	Amount	Description
2		(26,502)	Employee Meal
	22	26,502	Employee Meal
22		(3,761)	Uniforms
	10	2,465	Uniforms
	6	0	Uniforms
	4	115	Uniforms
	1	381	Uniforms
	3	437	Uniforms
	11	110	Uniforms
	21	252	Uniforms
19		(25,000)	R/E Tax Appeal
	33	25,000	R/E Tax Appeal
		0	Net should be 0